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1. **PERSONAL INFORMATION ABOUT THE VICTIM**

First Name:	Middle Name:	Last Name:	
Title:     Mr. ____     Mrs. ____     Ms. ____     Miss ____     Other ____			
Street Address:			
City:	State:	Country:	Zip Code:
Home Telephone No:	Work Telephone No:	Cell Phone No:	
Email Address:			

2. **INFORMATION ABOUT THE CRIMINAL CASE**

The following section requests important information about the criminal investigation or case in which you are a victim.  
Please provide as much information as you can.

Stage of the Criminal Justice Process - Select most recent event:		
<input type="checkbox"/> Investigation <input type="checkbox"/> Arrest <input type="checkbox"/> Arraignment <input type="checkbox"/> Preliminary Hearing <input type="checkbox"/> Guilty Plea <input type="checkbox"/> Trial <input type="checkbox"/> Sentencing <input type="checkbox"/> Parole Hearing <input type="checkbox"/> Other _____		
Defendant(s) Name(s):		
Case Number:	District Court:	Judge:

3. **INFORMATION ABOUT THE VICTIM'S COMPLAINT**

What is the location and name of the office(s) or organization(s) of the Department of Justice that is/are the subject of your complaint?

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Is your complaint against a specific person in that office?     ☐ Yes     ☐ No

If yes, please identify the person(s) (include position or title, if known) who failed to provide the right(s) about which you are complaining.

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Which of the following rights afforded by the Crime Victims Rights Act of 2004, 18 U.S.C. § 3771, do you feel you were denied? Please check all that apply.

- ☐ G The right to be reasonably protected from the accused.
- ☐ G The right to reasonable, accurate, and timely notice of any public court proceeding, or any parole proceeding, involving the crime or of any release or escape of the accused.
- ☐ G The right not to be excluded from any such public court proceeding, unless the court, after receiving clear and convincing evidence, determines that testimony by the victim would be materially altered if the victim heard other testimony at that proceeding.
- ☐ G The right to be reasonably heard at any public proceeding in the district court involving release, plea, sentencing, or any parole proceeding.
- ☐ G The reasonable right to confer with the attorney for the Government in the case.
- ☐ G The right to full and timely restitution as provided by law.
- ☐ G The right to proceedings free from unreasonable delay.
- ☐ G The right to be treated with fairness and with respect for the victim's dignity and privacy.

4. **STATEMENT OF COMPLAINANT**

Please provide as much detailed information about your complaint against the Department of Justice employee(s) as possible, including the date(s) of the alleged violation(s), and an explanation of how the violation(s) occurred. However, you should not discuss the facts of the criminal investigation or case in which you are a victim. You may attach additional pages or documents to this complaint.

5. **PRIOR NOTIFICATION TO THE DEPARTMENT OF JUSTICE**

Although you are not required to do so, did you notify the Department of Justice employee, or any employee of the office described above, of the alleged violation before filing this complaint?      **G** Yes      **G** No

If yes, please describe your efforts to resolve this matter, including the date(s) that you notified the Department of Justice employee or any employee of the office described above; the name, address and telephone number of the person with whom you attempted to resolve this matter; and the actions taken by the Department of Justice employee or office to resolve your complaint. You may attached additional pages or documents to this complaint.

6. **OTHER RELEVANT INFORMATION**

Provide any other relevant information or event(s). You may attach additional pages or documents to this complaint.

**The information set forth herein is true and correct to the best of my knowledge.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Must be signed by Victim)

If the crime victim is under 18 years of age, incompetent, incapacitated, or deceased, this form must be signed by the Legal Guardian of the crime victim or the representative of the crime victim s estate, family member, or any other person appointed by the court. Please check all that apply to the victim:

**G** Under 18 years of age      **G** Incapacitated      **G** Incompetent      **G** Deceased

Signature: \_\_\_\_\_ Date: \_\_\_\_\_